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Research Question

This project seeks to add to available research on racial disparities in prostate cancer by examining health patterns among sons of fathers with the disease. The study will combine qualitative and quantitative research techniques to: assess the knowledge, attitudes, and preventive practices of adult sons of men with prostate cancer and how these relate to the diagnostic pathways, treatment experiences, and quality of life of their fathers who participated in the study, Disparities in Prostate Cancer Treatment and Quality of Life, A.K.A. “The Fathers Study,” which was conducted at Johns Hopkins University where Thomas LaVeist, Ph.D. served as principal investigator and Daniel L. Howard, Ph.D. was the subcontract PI. In doing so, this study (“Sons Study”) will examine the following hypotheses: (1) Among adult sons of prostate cancer patients, those who have more knowledge of prostate cancer risks and consequences will be more likely to regularly utilize prostate cancer screening. (2) Sons who report close relationships with their fathers will be more likely to regularly utilize prostate cancer screening. (3) Sons whose fathers report a high disease burden will be less likely to regularly utilize prostate cancer screening.

Research Rationale

The burden associated with prostate cancer fall disproportionately on African American men. The prostate cancer incidence rate among African American (AA) men is 55% greater than that of Caucasian (CA) men and, according to the National Cancer Institute (NCI) state cancer profiles, the mortality rate is almost three times that of CA men (73.9 per 100,000 AA / 25.6 per 100,000 C). Genetic and dietary factors have been identified in explaining a portion of the excess burden experienced by AA men, yet we have been unable to identify risk factors that are both of substantial magnitude and amenable to preventive intervention. AA men are less likely to be enrolled in clinical trials and there are indications that supportive services may not be as readily available to them. While AAs have a substantially worse profile with regard to prostate cancer, differential use of preventive health behaviors such as prostate cancer screening may attenuate the racial disparities in prostate cancer outcomes, yet, research examining the factors associated with such behaviors is underdeveloped. Family history is one of few predictors of elevated prostate cancer risk. Accordingly, the proposed study will focus on the sons of men with prostate cancer, and will examine the roles of informed decision-making, knowledge on utilization of prostate cancer screening procedures, individual socioeconomic characteristics, characteristics of the father-son relationship, and characteristics of the father's prostate cancer experience as they may be associated with sons' consequent use of prostate cancer preventive/early detection behaviors.

The study will combine qualitative and quantitative research techniques to assess the knowledge, attitudes, and preventive practices of adult sons ("sons") of men with prostate cancer ("fathers"). It will be conducted in parallel with an examination of men with prostate cancer ("The Fathers Study"), the goals of which are (1) to investigate the effects of race, economic status, and psycho-social factors on the quality of life of men diagnosed with prostate cancer; (2) to investigate psycho-social factors that influence help seeking behavior among men who were diagnosed with prostate cancer; and (3) to examine the effects of informed decision-making and knowledge on prostate cancer treatment decisions-making. Correspondingly, the participants in this study ("The Sons Study") will be the adult sons of men with prostate cancer. Equal numbers of African American and white males with prostate cancer were identified for The Fathers Study. These men, in turn, were asked to identify their sons, who will be contacted for participation in this, "The Sons Study." The study consists of a telephone interview.

Project Status

For the parent study (“The Father’s Study”), Dr. Thomas LaVeist was the principal investigator and Dr. Daniel L. Howard was the subcontract PI, while Dr. Daniel L. Howard is the PI and Dr. Thomas LaVeist is the subcontract PI for this companion study (“The Sons Study”). Dr. LaVeist and his staff at Johns Hopkins have done the analysis on the Fathers' Study, so it is necessary to obtain IRB approval from Johns Hopkins so that future data analysis utilizing both the Fathers' and Sons' Studies together can be performed.

Dr. Daniel Howard and Meharry Medical College received a no-cost extension on this award on August 31, 2012, which extended the award to August 2013. The goals and objectives of this study have not been met as we are still waiting for IRB approval from the USAMRMC Continuing Review Authority. The Meharry IRB was completed on April 5, 2012, however the USAMRMC Continuing Review Authority later (July 2012) determined that as a result of Johns-Hopkins' investigator involvement in the study, it is necessary to have IRB approval from Johns-Hopkins. Johns Hopkins is currently seeking IRB approval and responding to questions from their IRB. Upon completion and receipt, Meharry will submit the IRB approval from John-Hopkins to Maria Drayton, USAMRMC Continuing Review Analyst.